

ROLE OF THE SCHOOL NURSE: THE INDIVIDUALIZED HEALTH CARE PLAN (IHP)

Once the school district has identified (or been notified) of the specific health care needs of the student, the school nurse should develop (as best practice) an Individual Health Care Plan (IHP). The IHP is an individualized plan of care that describes what nursing services are appropriate to meet the student's health care needs. The nurse may also identify other related services or program modifications to be recommended in the Individual Education Program or 504 Plan.

The implementation of the IHP as part of an IEP or 504 Plan should be a collaborative process between the student, student's parents or legal guardian, the student's physician, and all school personnel involved with the student's education process. School districts may have to provide training to school personnel regarding specific health conditions.

For reference information in the development of an individualized health care plan (IHP) for a child with special health care needs, The National Association of School Nurses has published Quality Nursing Interventions in the School Setting, Procedures, Models and Guidelines. "The Nursing Practice Management: Compendium of Individualized Healthcare Plans" is a culmination of individualized healthcare plans that has been published in The Journal of School Nursing. "The Nursing Practice Management Section" of The Journal of School Nursing also has published Individual Healthcare Plans with case studies to assist the school nurse in designing an appropriate plan of care for the student. Another resource would be any recent edition of Fundamentals of Nursing textbook, ⁽³⁾ or Child Health Nursing textbook

Some children with special health care needs may have special dietary needs and require a meal modification. Please refer to the Eating and Feeding Evaluation: Children with Special Needs and Medical Statement for Children Requiring Special Needs Forms found in the USDA Food and Nutritional Services Manual: Accommodating Children with Special Dietary Needs in the School Nutrition Programs. ([Exhibit 7H](#)). Consult with your school district food service as to the appropriate form used by your district. The form should be updated each school year.

EATING AND FEEDING EVALUATION: CHILDREN WITH SPECIAL NEEDS

PART A			
Student's Name		Age	
Name of School		Grade Level	Classroom
Does the child have a disability? If Yes, describe the major life activities affected by the disability.		Yes	No
Does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a licensed physician.		Yes	No
If the child is not disabled, does the child have special nutritional or feeding needs? If Yes, complete Part B of this form and have it signed by a recognized medical authority.		Yes	No
If the child does not require special meals, the parent can sign at the bottom and return the form to the school food service.			
PART B			
List any dietary restrictions or special diet.			
List any allergies or food intolerances to avoid.			
List foods to be substituted.			
List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All." Cut up or chopped into bite size pieces: Finely ground: Pureed:			
List any special equipment or utensils that are needed.			
Indicate any other comments about the child's eating or feeding patterns.			
Parent's Signature		Date:	
Physician or Medical Authority's Signature		Date:	

INFORMATION CARD

Student's Name	Teacher's Name
Special Diet or Dietary Restrictions	
Food Allergies or Intolerances	
Food Substitutions	
Foods Requiring Texture Modifications: Chopped: Finely Ground: Pureed or Blended:	
Other Diet Modifications:	
Feeding Techniques	
Supplemental Feedings	
Physician or Medical Authority: Name Telephone Fax	
Additional Contact: Name Telephone Fax	Additional Contact: Name Telephone Fax
School Food Service Representative/Person Completing Form: Title Signature	Date:

Medical Statement for Children Requiring Special Meals

Name of Student:	School District:
Birth Date:	Grade:
Parent Name:	School Attended:
Telephone:	Telephone:

For Physician's Use

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).

Diet Prescription (check all that apply):

- ☐ Diabetic (include calorie level, carbohydrate count, and/or attach meal plan): _____
☐ Modified Texture and/or Liquids ☐ Food Allergy (list): _____
☐ Reduced Calorie: _____ ☐ Increased Calorie: _____
☐ Other (describe e.g. PKU, Ketogenic, Tube Feeding): _____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in detail allergies e.g. milk allergy - does that include pudding, cheese, yogurt, etc.

OMITTED FOODS

SUBSTITUTIONS

Indicate Texture (see attached sheet for additional information):

- ☐ Regular ☐ Chopped ☐ Ground ☐ Pureed

Indicate thickness of liquids:

- ☐ Regular ☐ Nectar ☐ Honey ☐ Pudding

☐ Special Feeding Equipment

Additional comments: _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

Physician's Signature

Telephone Number

Date

Signature of Preparer or Other Contact

Telephone Number

Date

I hereby give my permission for the school staff to follow the above stated nutrition plan.

Parent/Guardian

Date